

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/560,600

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1/2				
4		2/1				
5		1/2				
6		2/1				
7		1/2				
8		1/1				
9		1/1				
10		1/1				
11		1/1				
12		1/1				
13		1/1				
14		1/1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1/4				
22		2/1				
23		1/1				
24		1/1				
25		1/1				
26		1/1				
27		1/1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	25					
TOTAL CLAIMS	27					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						